



South Holland Public Library

www.southhollandlibrary.org

16250 Wausau Avenue • South Holland, IL 60473 • Phone: (708) 331-5262 • Fax: (708) 331-6557

Volunteer Application

Date _____

Name _____ Age (if under 18) _____

Address _____ City _____ State _____ Zip _____

Telephone: (Circle preferred) Home _____ Cell _____

Email Address _____

I am available to volunteer: _____ Weekdays _____ Evenings _____ Weekends _____ AM _____ PM

Please describe any special skills and/or interests you have that may help us to match you with the best volunteer assignment. Include languages spoken, hobbies, training or experience, etc.

Do you have a prior criminal conviction? Yes _____ No _____

Please list names and telephone numbers of 2 references we can contact about you.

Do you know how to use a computer? Yes _____ No _____

Are you familiar with any of the following?

Internet: Yes _____ No _____

Microsoft Word: Yes _____ No _____

Microsoft Excel: Yes _____ No _____

If volunteering for a task that requires driving your car, you will be asked to provide a copy of your driver's license and the declaration page of your insurance policy.

Emergency Information

Person to contact in an emergency _____

Relationship to you _____ Phone number _____

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(Required for minors under the age of 18)